

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

2014 MAY 21 AM 9:59

TX EASTERN MARSHALL

Certified Measurement, LLC

)

BY

)

)

)

Plaintiff(s)

)

v.

)

Civil Action No. 2:14-cv-627

CenterPoint Energy Houston Electric, LLC,
and Itron, Inc.

)

)

)

Defendant(s)

)

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

ITRON, INC.
c/o CT Corporation System
1601 Elm Street
Dallas, Texas 75201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

JENNIFER P. AINSWORTH
WILSON, ROBERTSON & CORNELIUS, P.C.
P.O. BOX 7339
TYLER, TEXAS 75711-7339

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 5/14/14



CLERK OF COURT

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 2:14-cv-627

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Itron, Inc.

was received by me on (date) 05/16/2014

I personally served the summons on the individual at (place) _____
on (date) _____ ; or

I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, _____

, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because ; or

Other (specify): I served the summons on Itron, Inc. via the United States Postal Service, Certified Mail, Return Receipt Requested, on May 16, 2014.

I declare under penalty of perjury that this information is true.

Date: 05/19/2014

Janij Buti
Server's signature

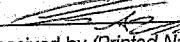
Jennifer Parker Ainsworth, Attorney

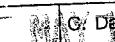
Printed name and title

P.O. Box 7339
Tyler, Texas 75711-7339

Server's address

Additional information regarding attempted service, etc.:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  G. Date of Delivery</p> <p>Chris Wells</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7012 1010 0002 2410 4292</p> <p><i>Certified - Centerpoint</i></p>			
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  G. Date of Delivery</p> <p>Chris Wells</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7012 1010 0002 2410 4292</p> <p><i>Certified - Centerpoint</i></p>			
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